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# Fax

**To:** Examiner Dana Farahani **From:** Leslie S. Szivos

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**Pages:** 17 Including cover

**Phone:**

**Date:** 3/19/2002

**Re:** U.S. Patent Appln. No. 09/773,798

**CC:**

IBM Ref: BUR920000143US1

SSMP Docket: 13890

For: PASSIVATION FOR IMPROVED  
BIPOLAR YIELD

## For Review

### • Comments:

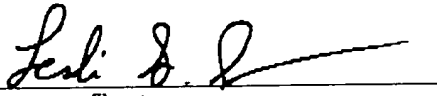
1. Amendment Transmittal Letter (in duplicate)
2. Amendment and Response
3. Authorization to Charge Deposit Account
4. Certificate of Transmission by Facsimile dated March 19, 2002

Applicants: Douglas D. Coolbaugh, et al.  
Serial No. 09/773,798  
Filed: February 1, 2001  
For: PASSIVATION FOR IMPROVED BIPOLAR YIELD  
Docket: BUR920000143US1 (13890)  
Dated: March 19, 2002

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>BUR920000143US1 (13890)</b>	
Applicant(s): <b>Douglas D. Coolbaugh, et al.</b>					
Serial No. <b>09/773,798</b>	Filing Date <b>February 1, 2001</b>	Examiner <b>Dana Farahani</b>	Group Art Unit <b>2814</b>		
Invention: <b>PASSIVATION FOR IMPROVED BIPOLAR YIELD</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>09-0456/IBM</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>March 19, 2002</b>		
<b>Leslie S. Szivos</b> <b>Registration No. 39,394</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>					
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